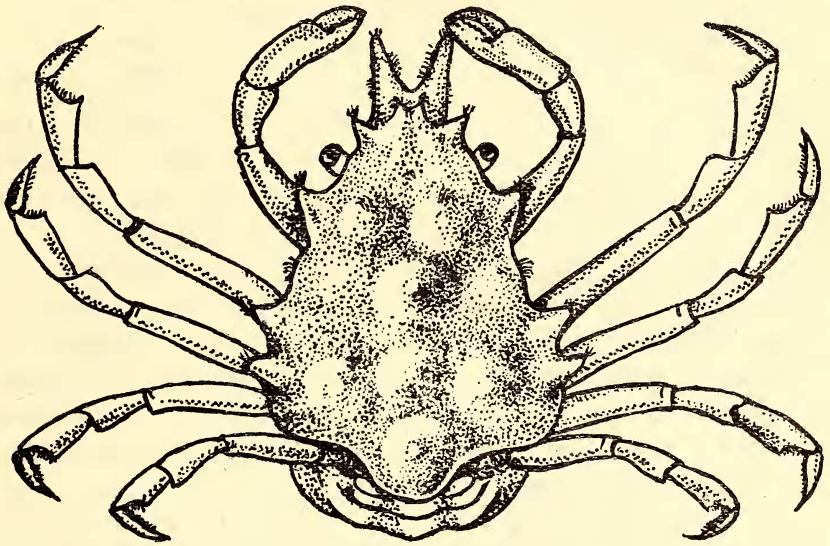
15. EXTENSION OF RANGE OF THE CRAB, *ACANTHONYX LIMBATUS* MILNE-EDWARDS, TO INDIAN WATERS[1]

(*With one text-figure*)

In a collection of crabs made at Okha port (Gujarat State; 22° 28′ N., 69° 05′ E.), the author came across a single female specimen of an Oxyrhynch crab. This was identified as *Acanthonyx limbatus* Milne-Edwards. The characters of this crab are given below.



Acanthonyx limbatus Milne-Edwards

Female, dorsal view

The carapace is sub-triangular, its greatest breadth being ¾ the length excluding the rostrum. The rostral horns are one-fifth the carapace length, and bear hooked setae apically and along the inner margins. In addition to the supra-ocular tooth, there are three well-developed lateral teeth on each side of the carapace, decreasing in size backward.

[1] Communicated by the Director of Fisheries, Maharashtra.

There are seven tubercles on the dorsal surface of the carapace arranged in the following manner: three tubercles forming an inverted triangle on the gastric region, one cardiac, one intestinal, and one each on the mesobranchial regions. Hooked setae occur in front of the anterior pair of tubercles on the gastric region, on the tips of all the teeth and the rostral horns, and on swellings on the lateral margins between the first and second pairs of lateral teeth.

The abdomen has five segments, segments 4-6 being fused.

Length of carapace (excluding rostrum)	.. 12.12 mm.
Breadth of carapace (at the level of, and inclusive of, the lateral teeth)	.. .. 9.75 mm.
Length of rostral horns	.. .. 2.11 mm.

There is a difference of opinion about the generic position of this crab. The type-specimen was placed in the genus *Dehaanius* on the basis of the presence of seven segments in the male abdomen. However, the specimens collected in Iran have been placed in the genus *Acanthonyx*, the abdomen of these being six-jointed. The validity of the genus *Dehaanius* has been challenged, as the most important difference between the two is the number of segments in the male abdomen, and this character is not constant in the same species, and so also the degree of coalescence of the abdominal segments. In the absence of a male specimen from Okha, the author has placed it in the genus *Acanthonyx*.

This species has been previously recorded from the Reunion Islands (longitude 55° E.) by A. Milne-Edwards[1], and at Bustani and Quais (longitude 54° E.) in the Persian Gulf by Stephenson[2]. Its occurrence at Okha port (longitude 69° E.), therefore, constitutes the first record of this species from India, as well as a considerable extension of its range of distribution eastward. The specimen will be deposited in the collections of the Zoological Survey of India.

The author is thankful to Dr. (Mrs.) D. Guinot-Dumortier of the National Museum of Natural History, Paris, France, for sending photostat copies of literature not available in India, to Mr. K. N. Sankolli for donating the specimen, and to Dr. C. V. Kulkarni, Director

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[1] Milne-Edwards, A. (1862): Faune Carcinologique de l'Ile de la Réunion—in : L. Maillard : Notes sur l'Ile de la Réunion (Bourbon), Paris, second partie, Annexes, F, p. 7, pl. 17, figs. 4, 4a, 4b.

[2] Stephenson, K. (1945): The Brachyura of the Iranian Gulf—in : Danish scientific Investigations in Iran, Part IV, p. 102, fig. 19.

of Fisheries, Maharashtra State, and Dr. H. G. Kewalramani, Research Officer, for going carefully through this paper.

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16. 'AN UNUSUAL METHOD OF CURING SCORPION STINGS'

I was interested in Mr. Humayun Abdulali's letter of August 1st, 1960 (Vol. 57, No. 3) on the subject of curing scorpion stings.

I remember, when I was in the Army and my Division was, in 1942, in a training area in the Deccan, meeting an Irish doctor in charge of a Field Hospital who told me he had to cope with something like a hundred scorpion stings a day. He said he had been most impressed by a method he had learned locally of how to cure them. He stated that, provided the sting was on some part of the body where you could work the poison out to an extremity, such as a foot or a hand, a full cure could be achieved in relatively few minutes. All that you had to do was to bring together, on to the place where the patient had been stung, the points of—well, he said more or less anything, a pair of sharpened pencils, a couple of scissors or even two rusty nails!—and then slowly start stroking the flesh, firmly but not to the point of breaking the skin, in a downward direction towards an extremity. He said it was amazing how you could literally push the poison along quite quickly, the end of the exercise being achieved when you had brought it down to the ball of, say, a finger-tip, at which stage you could, merely by pricking the skin and exerting pressure with your thumb-nails, eject the blob of poison out of the finger with a sharp pinch.

I never had the opportunity of witnessing the curing of a patient by these means (though I was invited to do so) but that was his story.

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